# **Editorial**

### ALTERNATIVE MEDICINE: WHICH WAY FORWARD?

Despite technological advances in Conventional Medicine, globally there is sufficient evidence to suggest an increasing interest in alternative medicine. This is not only by public but also by physicians. For example, in 1990, Americans carried 425 million visits to alternative practitioners, 40 million more times than they visited their family physicians. A total of \$13.7 billion was spent on this care and it is increasing overtime. Variable answers may be elicited for questions such as why is this occurring? Is it of value to physicians? How does it differ from conventional medicine? Interestingly enough, the definition of alternative medicine is not yet generally agreed upon by majority of the people practicing it, i.e. "complementary medicine", "holistic, "unconventional", "frontier," "traditional", "folk".

Compared with conventional medicine, alternative medicine tends to concentrate on augmenting health through changes in life style adopting partnership relation with the patient and a comprehensive (holistic) approach.<sup>5</sup> In other words, looking at the whole patient in the context of the entire family and social environment. Nowadays, there are more than one hundred centers all over the world that have been recognized by World Health Organization as accredited alternative medicine providers. This is in addition of innumerable number of colleges, clinics, hospitals and organizations teaching, practicing and coordinating activities of this type of medicine. There is substantial evidence in the literature to support that it is naïve to think that the effects of the alternative medicine are no more than a placebo-effect.<sup>5-13</sup>

Many patients seek out alternative medicine after they have explored the utility of conventional medicine where they found it to be ineffective or resulted in serious side effects and most of those patients are suffering of chronic illnesses. Others use it in combination with conventional modalities, as a way of complementing each other. While some of the patients refer to alternative medicine providers because they believe that their physicians are incapable or willing to listen to them, to understand them or to meet their needs. Physician's attitudes towards alternative medicine practice may be another reason compelling patients to do so.<sup>14</sup> Therefore, physicians should better show a degree of openness towards their patients' concerns and interest including alternative medicine. This was shown to improve doctorpatient relationship.<sup>15</sup> For this purpose, physicians may need to acquaint themselves with at least the commonly used non-conventional modalities by their patients. Generally, references and special courses to physicians towards the practice of alternative medicine are made commonly available. 4 Currently, most of physicians are not in a position to answer many of the questions raised by their patients towards alternative medicine. Some physicians become defensive, angry and dismissive when the patient considers the use of an alternative medicine modality. As a result, more than 70% of patients were found to use such therapies without telling their doctors that they are doing so.<sup>2</sup>

In Saudi Arabia, the interest in studying how prevalent is the practice of alternative medicine has already started. For example, Dr. Al-Faris's article in this issue describes the pattern of alternative medicine use in a given Saudi population. That article included a concise review of the literature that was published so far regarding some modalities of alternative medicine practiced in Saudi Arabia, their prevalence and some complications associated with their use. More research work is still needed for open yet critical evaluation of the different

modalities used in Saudi Arabia. It should not be forgotten in this regard that healing by the Holy Quran and by the Prophet Mohammad (PBUH), sayings are inseparable parts of Muslims faith. In USA, the Office of Alternative Medicine (OAM) was established on 1992, the National Institute of Health (NIH) for the purpose of investigating the efficacy of alternative therapies with a budget of \$ 7.4 million in 1996.<sup>5</sup> As a result of this, alternative medicine practiced at USA has already been classified into five categories. In Saudi Arabia at the level of the Ministry of Health, steps have been initiated towards studying this type of medicine. However, it would be of interest to know how much the Ministry of Health in Saudi Arabia allocated of its resources to the study of an area of medicine that is practiced by no less than one-fifth of the Saudi population. Although already started, in Saudi Arabia, physicians need to develop a reliable network of communication with alternative medicine providers. Alternative medicine modalities practiced in Saudi Arabia should be studied, classified so that areas of potency, weaknesses, and dangers are identified and modalities with proven efficacy may be integrated in conventional medical practice. Up till that time when this objective has already been achieved, substantial increasing portion of patients are expected to use alternative medicine modalities. Issues such as banning or at least discouraging the practice of all or some of the modalities of alternative medicine and some other related questions such as, Can we do that? How can we regulate such practice? Who should be permitted (licensed) to practice, etc. will remain to be answered. Consequently, complications due to some of these practices are expected to continue.

## Dr. Kasim M. Al-Dawood, FFCM (KFU)

#### REFERENCES

- 1. Harries P, Rees R. The Prevalence of Complementary and Alternative Medicine use among General Population: A systematic review of the literature. Compliment Ther Med 2000; 8: 88-96.
- Eisenberg DM, Kessler RC, Foster C, Norlock FE, Calkins DR, Delbanco TL. Unconventional Medicine in the United States. Prevalence, costs, and pattern of use. N Engl J Med 1993; 328: 246-52.
- White AR, Ernst E. Economic Analysis of Complementary Medicine: A systematic review. Complement Ther Med 2000; 8: 111-8.
- 4. Gordon J. Alternative Medicine and the Family Physician. American Family Physician 1996; 54: 2205-20.
- 5. Chung MK. Why Alternative Medicine? [editorial] American Family Physician 1996; 54: 2184-7.
- Barker AT, Dixon RA, Sharrard WJ, Sutcliffe ML. Pulsed magnetic field therapy for tibial nonunion. Interim results of a double-blind trial. Lancet 1984; 1 (8384): 994-6.
- Sharrard WJ. A double-blind trial of pulsed electro-magnetic fields for delayed union of tibial fractures. J Bone Joint Surg 1990; 72: 347-55.
- Klawansky S, Yeung A, Berkey C, Shah N, Phan H, Chalmers TC. Meta-analysis of randomized control trials
  of the efficacy of cranial electrostimulation. Efficacy in treating psychological and physiological conditions.
  Report of the Technology Assessment Group, Department of
  Health Policy and Management. Boston:
  Harvard University School of Public Health. J Nerv Ment Dis 1995; 183: 478-84.
- 9. Helms J. Acupuncture for the management of primary dysmenorrhea. Obstet Gynecol 1987; 69: 51-6.
- Patel M, Gutzwiller F, Paccaud F, Marazzi A. A meta-analysis of acupuncture for chronic pain. Int J Epidemiol 1989; 18: 900-6.
- Bullock M, Culliton PD, Olander RT. Controlled trial of acupuncture for severe recidivist alcoholism. Lancet 1989; 1 (8652): 1453-9.
- 12. Reilley DT, Taylor MA, McSharry C, Aitchison T. Is homeopathy a placebo response? Controlled trial of homeopathic potency, with pollen in hayfever as model. Lancet 1986; 2 (8512): 881-6.

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- 13. Czeizel AE, Dudas I. Prevention Of the first occurence of neural-tube defects by peioconceptional vitamin supplementation. N Engl J Med 1992; 327: 1832-5.
- 14. Sparber A, Jonas W, White J, Derenzo E, Johnson E, Bergerson S. Cancer clinical trials and subject use of natural herbal products. Cancer Invest 2000; 18: 436-9.
- Kersnik J. Predictive characteristics of users of alternative medicine. Schweiz Med Wochenschr 2000; 130: 390-4.

# Correspondence to:

**Dr. Kasim M. Al-Dawood,** Associate Professor, Department of Family & Community Medicine, College of Medicine, King Faisal University, P.O. Box 2290, Al-Khobar 31952, Saudi Arabia